FAMILY PLANNING PERIODIC ASSESSMENT

Name:_____ Medicaid No:_____

Date:_____Wt:_____BP:_____

Reason for visit_____
Current Method_____
Interim History/Problems_____
_____
_____

Query Patient:
Chest Pain_____
Abdominal Pain_____
Headaches_____
Leg Pain_____
Excessive Bleeding_____
Vaginal Discharge_____

Examination:
Pelvic exam (if indicated)_____

NOTE: *MUST* COMPLETE ONE OF THE TWO COUNSELING SECTIONS BELOW

Counseling Using PT + 3 Teaching Method
(Initial Here): _____

OR

Alternative Family Planning Counseling (Initial Each Blank Below As Completed):

Reproductive A & P (if indicated)_____
Contraceptive methods_____
Effectiveness of chosen method _____
Side effects/dangers _____
How to use chosen method_____
Contracep. literature (Fact sheet) given ____
given to call for problem/emergency_____

Contraceptive Method:
Supplies issued _____
Prescription _____

Next Appointment:_____

Comments:_____
_____
_____
_____
_____
_____
_____

Signature/Title:_____
_____

Date:_____Wt:_____BP:_____

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Current Method_____
Interim History/Problems_____
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Prescription _____

Next Appointment:_____

Comments:_____
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Signature/Title:_____
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